KANSAS STATE BOARD OF HEALTH
Division of Vital Statistics

CERTIFICATE OF DEATH 150X

(DO NOT WRITE IN THIS SPACE)

SEP 8 - 1958

'58 013105

Birth No. _____ Registrar's No. 11195

1. PLACE OF DEATH
a. County Shawnee 0892 CITY
b. City, Town, or Location Topeka
c. Length of Stay in 1b _____
d. Name of Hospital or Institution (If not in hospital, give street address) 3300 West 29th St.
e. Is Place of Death Inside City Limits? Yes ☒ No ☐

2. Usual Residence (Where deceased lived. If institution, residence before admission)
a. State Kansas b. County Shawnee
c. City, Town, or Location Topeka 0892
d. Street Address 3300 West 29th St.
e. Is Residence Inside City Limits? Yes ☒ No ☐
f. Is Residence on a Farm? Yes ☐ No ☒

3. NAME OF DECEASED (Type or Print): First Clare Middle W. Last Stahl
4. DATE OF DEATH: Month August Day 31 Year 1958
5. SEX: Male
6. Color or Race: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. Date of Birth: Jan. 1, 1878
9. Age (In years last birthday): 80
If Under 1 Year: Months _____ Days _____ If Under 24 Hrs.: Hours _____ Min. _____
10a. Usual Occupation (Give kind of work done during most of working life, even if retired): Physician
10b. Kind of Business or Industry: Medical Doctor
11. Birthplace (State or foreign country): Auburn, Kansas
12. Citizen of What Country? _____
13. FATHER'S NAME: Frank M. Stahl
14. MOTHER'S MAIDEN NAME: Jennie Dickson
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service): Yes SAW
16. Social Security No.: None
17. Informant: Lois Lindsay Stahl Address: 3300 W. 29th St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

Part I. Death was caused by:
Immediate cause (a) Carcinoma of esophagus — Interval Between Onset and Death: 9 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last
Due to (b) _____
Due to (c) _____

Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in part I (a): 150X
19. Was Autopsy Performed? Yes ☐ No ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. Describe how injury occurred. (Enter nature of injury in Part I or Part II of item 18)
20c. TIME OF INJURY (Month) (Day) (Year) (Hour) a. m. p. m.
20d. Injury occurred While at Work ☐ Not While at Work ☐
20e. Place of injury (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. City, Town, or Location County State

21. I hereby certify that I attended the deceased from 1-14, 1958, to _____, 19____, that I last saw the deceased alive on 1-14, 1958, and that death occurred at 6:15 A.m., from the causes and on the date stated above. Aug. 31 1958

22a. Signature (Degree or title) _____
22b. Address Medical Arts Bldg. Topeka, Ks.
22c. Date signed _____

23a. Burial, Cremation, Removal (Specify) Cremation
23b. Date 9/1/58
23c. Name of Cemetery or Crematory D. W. Newcomers' Sons
23d. Location (City, Town, or County) (State) Kansas City Missouri

24a. Date Rec'd by Local Registrar 9-3-58
24b. Registrar's Signature Edwin R. Jones 89C
25. Funeral Director 687-0-0 Address Wall-Diffenderfer Topeka, Kansas